

APPENDIX A
LABOR AND TRADES UNIT -- A31
Ref: Article 3 - Recognition

All of the classifications in the Labor and Trades Unit are eligible (CODE 1) for overtime pay.

<u>HRMN POSITION</u>	<u>POSITION CODE</u>	<u>GRADE</u>
Aircraft Mechanic-E	AIRCMCHE	9
Aircraft Mechanic-E	AIRCMCHE	E10
Aircraft Mechanic-A	AIRCMCHA	11
Automotive Body Repairer-E	AUTORPRE	8
Automotive Body Repairer-E	AUTORPRE	E9
Automotive Body Repairer-A	AUTORPRA	10
Automotive Mechanic-E	AUTOMCHE	8
Automotive Mechanic-E	AUTOMCHE	E9
Automotive Mechanic-A	AUTOMCHA	10
Bridge Operator-E	BRDGOPRE	6
Bridge Operator-E	BRDGOPRE	7
Bridge Operator-E	BRDGOPRE	E8
Bridge Operator-A	BRDGOPRA	9
Bridge Worker-E	BRDGWKRE	6
Bridge Worker-E	BRDGWKRE	7
Bridge Worker-E	BRDGWKRE	E8
Bridge Worker-A	BRDGWKRA	9
Building Trades Crew Leader	BLDTRLDR	E10
Carpenter-E	CARPNTRE	8
Carpenter-E	CARPNTRE	E9
Carpenter-A	CARPNTRA	10
Central Control Operator-E	CENTOPRE	8
Central Control Operator-E	CENTOPRE	E9
Central Control Operator-A	CENTOPRA	10
Communications Network Installer-E	COMNINRE	8
Communications Network Installer-E	COMNINRE	E9
Communications Network Installer-A	COMNINRA	10
Electrician Licensed-E	ELECTRNE	E9
Electrician Licensed-A	ELECTRNA	10
Electrician Master Licensed-E	ELECLICE	E10
Electrician Master Licensed-A	ELECLICA	11
Elevator Repairer-Licensed	ELVATLIC	E10
Equipment Operator-E	EQUOPPRE	7
Equipment Operator-E	EQUOPPRE	E8
Equipment Operator-A	EQUOPPRA	9
Facilities Manager V - Frozen		
Farm Crew Leader-E	FRMCLDRE	8
Farm Crew Leader-E	FRMCLDRE	E9

Farmer	FARMER	E6
Groundskeeper-E	GROUNKPR	E8
Heavy Equipment Mechanic – E	HYEQMCHE	9
Heavy Equipment Mechanic – E	HYEQMCHE	E10
Heavy Equipment Mechanic – A	HYEQMCHA	11
Industries Production Leader-E	INDPLDRE	8
Industries Production Leader-E	INDPLDRE	9
Industries Production Leader-E	INDPLDRE	E10
Janitor-E	JANITORE	E5
Janitor-A	JANITORA	6
Laborer-E	LABORERE	5
Laborer-E	LABORERE	E6
Locksmith-E	LOCKSMTE	8
Locksmith-E	LOCKSMTE	E9
Locksmith-A	LOCKSMTA	10
Machinist-E	MACHNSTE	E9
Machinist-A	MACHNSTA	10
Maintenance Mechanic-E	MAINMCHE	8
Maintenance Mechanic-E	MAINMCHE	E9
Maintenance Mechanic-A	MAINMCHA	10
Mason-Plasterer-E	MASNPLSE	8
Mason-Plasterer-E	MASNPLSE	E9
Mason-Plasterer-A	MASNPLSA	10
Microfilm Machine Operator-E	MCFLOPRE	5
Microfilm Machine Operator-E	MCFLOPRE	E6
Microfilm Machine Operator-A	MCFLOPRA	7
Motor Vehicle Operator-E	MOTVOPRE	E6
Motor Vehicle Operator-A	MOTVOPRA	7
Motor Vehicle Operator-2A	MOTVOPR2A	8
Office Machines Repairer	OFFMCRPR	E9
Painter-E	PAINTERE	8
Painter-E	PAINTERE	E9
Painter-A	PAINTERA	10
Plumber-E	PLUMBERE	8
Plumber-E	PLUMBERE	E9
Plumber-A	PLUMBERA	10
Plumber Licensed-E	PLUMLICE	E10
Plumber Licensed-A	PLUMLICA	11
Power Plant Operator-E	PWPLOPRE	8
Power Plant Operator-E	PWPLOPRE	E9
Power Plant Operator-A	PWPLOPRA	10
Printing Keyliner-E	PRNKYLNE	6
Printing Keyliner-E	PRNKYLNE	7
Printing Keyliner-E	PRNKYLNE	E8
Printing Keyliner-A	PRNKYLNA	9
Printing Typesetter-E	PRNTYPSE	6

Printing Typesetter-E	PRNTYPSE	7
Printing Typesetter-E	PRNTYPSE	E8
Printing Typesetter-A	PRNTYPSA	9
Refrigeration Mechanic-E	REFRMCHE	8
Refrigeration Mechanic-E	REFRMCHE	E9
Refrigeration Mechanic-A	REFRMCHA	10
Refrigeration Mechanic Licensed-E	REFRLICE	E10
Refrigeration Mechanic Licensed-A	REFRLICA	11
Reproduction Machine Operator-E	RPMOPRE	5
Reproduction Machine Operator-E	RPMOPRE	E6
Reproduction Machine Operator-A	RPMOPRA	7
Reproduction Machine Operator-2A	RPMOPR2A	8
Reproduction Machine Repairer-E	RPMARPRE	E9
Reproduction Machine Repairer-A	RPMARPRA	10
Reproduction Machine Supervisor IV - Frozen		
Steeplejack-E	STPLJCKE	8
Steeplejack-E	STPLJCKE	E9
Steeplejack-A	STPLJCKA	10
Storekeeper-E	STORKPRE	5
Storekeeper-E	STORKPRE	E6
Storekeeper-A	STORKPRA	7
Storekeeper-2A	STORKPR2A	8
Television Equipment Repairer	TELERPR	E9
Trades Helper	TRADEHLP	E6
Transportation Maintenance Worker-E	TRMTWKRE	6
Transportation Maintenance Worker-E	TRMTWKRE	7
Transportation Maintenance Worker-E	TRMTWKRE	E8
Transportation Maintenance Worker-A	TRMTWKRA	9
Wastewater Treatment Plant Operator-E	WSTPOPRE	8
Wastewater Treatment Plant Operator-E	WSTPOPRE	E9
Wastewater Treatment Plant Operator-A	WSTPOPRA	10
Welder-E	WELDERE	E9
Welder-A	WELDERA	10
Wildlife Assistant-E	WLDLASTE	6
Wildlife Assistant-E	WLDLASTE	7
Wildlife Assistant-E	WLDLASTE	E8
Wildlife Assistant-A	WLDLASTA	9

Some employees in the following class may be included depending upon specific duties of the position.

State Worker

STATEWKR

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APPENDIX B
SAFETY AND REGULATORY UNIT B A02
Ref: Article 3 - Recognition

<u>HRMN POSITION</u>	<u>POS CODE</u>	<u>GRADE</u>	<u>CODE</u>
Attorney General Investigator-E	ATGNINUE	9	2
Attorney General Investigator-E	ATGNINUE	10	2
Attorney General Investigator-E	ATGNINUE	E11	2
Attorney General Investigator-A	ATGNINUA	12	2
Auto Regulation Investigator - E	AUTRINUE	10	2
Auto Regulation Investigator - E	AUTRINUE	E11	2
Auto Regulation Investigator - A	AUTRINUA	12	2
Boiler Inspector - E	BOLRISPE	E11	2
Boiler Inspector - A	BOLRISPA	12	2
Bridge Safety Officer - E	BRSFOFRE	6	1
Bridge Safety Officer - E	BRSFOFRE	E7	1
Bridge Safety Officer - A	BRSFOFRA	8	1
Building Code Inspector – E	BLCDISPE	E11	2
Building Code Inspector – A	BLCDISPA	12	2
Child Support Specialist - E	CHISPSPE	9	2
Child Support Specialist - E	CHISPSPE	10	2
Child Support Specialist - E	CHISPSPE	P11	2
Child Support Specialist – A	CHISPSPA	12	2
Conservation Officer (RCRT) - E	CNVOFRE	10	**
Conservation Officer -E	CNSVOFRE	10	**
Conservation Officer -E	CNSVOFRE	E11	**
Conservation Officer -SR-A	CNSVOFRA	12	**
Conservation Officer -SPL-SS	CNVOFRSS	13	**
Construction Safety Inspector - E	COSFISPE	E11	2
Construction Safety Inspector - A	COSFISPA	12	2
Construction Safety Inspector - SS	COSISPSS	13	2
Corrections Investigator - E	CORRINVE	10	2
Corrections Investigator - E	CORRINVE	E11	2
Corrections Investigator - SR-A	CORRINVA	12	2
Electrical Inspector - E	ELCTISPE	E11	2
Electrical Inspector - A	ELCTISPA	12	2
Elevator Inspector - E	ELEVISPE	E11	2
Elevator Inspector - A	ELEVISPA	12	2
Emissions Test Station Inspector-E	EMSTISPE	9	2
Emissions Test Station Inspector-E	EMSTISPE	E10	2
Fire Safety Officer - E	FRSFOFRE	6	1
Fire Safety Officer - E	FRSFOFRE	E7	1
Fire Safety Officer -A	FRSFOFRA	8	1
Fire Crash Rescue Officer - E	FRCROFRA	8	N/A
Fire Crash Rescue Officer - E	FRCROFRE	E9	N/A
Fire Crash Rescue Officer - LW-A	FRCROFRA	10	N/A

Fire Safety Inspector - E	FIRSISPE	9	1
Fire Safety Inspector - E	FIRSISPE	E10	1
Fire Safety Inspector - A	FIRSISPA	11	1
Forest Fire Officer - E	FFIROFRE	7	1
Forest Fire Officer - E	FFIROFRE	8	1
Forest Fire Officer - E	FFIROFRE	E9	1
Forest Fire Officer - A	FFIROFRA	10	1
Fruit/Vegetable Inspector - E	FRVGISPE	6	2
Fruit/Vegetable Inspector – E	FRVGISPE	8	2
Fruit/Vegetable Inspector - E	FRVGISPE	9	2
Fruit/Vegetable Inspector - E	FRVGISPE	E10	2
Hazardous Mtrls Storage Insp - E	HAZMISPE	9	2
Hazardous Mtrls Storage Insp - E	HAZMISPE	E10	2
Hazardous Mtrls Storage Insp - A	HAZMISPA	11	2
Hazardous Mtrls Storage Insp - SS	HAZISPSS	12	2
Life Guard	LIFEGRDE	E6	1
Lift/Ride Inspector	LIFRDISP	E11	2
Lift/Ride Inspector – A	LIFRDISPA	12	2
Mechanical Code Inspector - E	MECOISPE	E11	2
Mechanical Code Inspector - A	MECOISPA	12	2
Motor Carrier Investigator	MCINVGTR	11	1
Motor Carrier Officer - RE	MCOFCREC	9	1
Motor Carrier Officer - E	MCOFFCRE	9	1
Motor Carrier Officer - E	MCOFFCRE	E10	1
Occupation Safety Inspector - E	OCSFISPE	10	2
Occupation Safety Inspector - E	OCSFISPE	E11	2
Occupation Safety Inspector - A	OCSFISPA	12	2
Park & Recreation Ranger - E	PRKRNGRE	6	1
Park & Recreation Ranger - E	PRKRNGRE	7	1
Park & Recreation Ranger - E	PRKRNGRE	E8	1
Park & Recreation Ranger - LW-A	PRKRNGRA	9	1
Parking Officer - E	PRKGOFRE	6	1
Parking Officer - E	PRKGOFRE	E7	1
Parking Officer - LW-A	PRKGOFRA	8	1
Plant/Apiary Aide	PLAPYADE	E7	2
Plumbing Inspector - E	PLUMISPE	E11	2
Plumbing Inspector - A	PLUMISPA	12	2
State Properties Sec. Off. (RCRT) – E	PSCOFRE	7	1
State Properties Sec. Off. - E	PRSCOFRE	7	1
State Properties Sec. Off. - E	PRSCOFRE	E8	1
State Properties Sec. Off. - A	PRSCOFRA	9	1
Railroad Safety Inspector - E	RSFYISPE	10	2
Railroad Safety Inspector - E	RSFYISPE	E11	2
Regulation Agent - E	REGLAGTE	9	2
Regulation Agent – E	REGLAGTE	10	2
Regulation Agent - E	REGLAGTE	E11	2

Regulation Agent - A	REGLAGTA	12	2
Vehicle Safety Inspector - E	VESFISPE	9	2
Vehicle Safety Inspector - E	VESFISPE	E10	2
Weights/Measures Inspector - E	WEMEISPE	9	2
Weights/Measures Inspector - E	WEMEISPE	E10	2
Weights/Measures Inspector - A	WEMEISPA	11	2

* Some employees in the following classes may be included and others excluded depending upon specific duties of the position.

State Worker	STATEWKR	4	1
State Transitional Professional - E	STATPRFE	9	1

** Employees in these classes are law enforcement.

Eligibility for overtime compensation for employees in the classifications listed shall be in accordance with the code indicated above which is defined in Article 15, Section B.

Employees working in managerial, confidential, or supervisory positions, or any positions excluded by the Civil Service Rules and Regulations, shall not be covered by the terms and conditions of this Agreement.

APPENDIX C Employee Benefits Eligibility Chart

Definition of Appointment Duration

Definitions:

1. **Permanent** Appointment is expected to last indefinitely.
2. **Limited Term** Appointment has a specific expiration date.
3. **Temporary** Appointment is expected to last less than **(Non-Career)** 720 hours and has a specific expiration date.

Definition of Appointment Type

Definitions:

1. **Full-Time** The regular work schedule consists of 80 hours per biweekly pay period.
2. **Part-Time (Hourly)** The regular work schedule consists of less than 80 hour per biweekly pay period. (Usually set hours)

3. **Intermittent** Scheduled work hours are based on the needs of the Employer. The schedule may vary between 0-80 hours per biweekly pay period.
4. **Seasonal** Regular work schedule is normally for specific parts of the year. Scheduled work hours are based on the needs of the Employer.

Benefit	Permanent / Limited-Term	Temporary (Non-Career)
Initial Annual Leave	Credit 16 hours upon appointment to position	Not Eligible

NOTE:

1. Initial grant is available for immediate use.
2. Not more than 16 hours initial annual leave may be credited in any calendar year. However, unused credits may be restored upon separation and rehire within the same calendar year.

Benefit	Permanent / Limited-Term	Temporary (Non-Career)
Annual Leave		
A. Less than 2080 hours continuous service completed.	Credit 4 hours annual leave for each 80 hours in pay status or a pro-rated amount if in pay status less than 80 hours.	Not Eligible.
B. 2080 hours or more of continuous service, but less than 10,400 hours.	Credit 4.7 hours of annual leave for each 80 hours in pay status or a pro-rated amount if in pay status less than 80 hours.	Not Eligible.
C. 10,400 hours or more of continuous service.	See table, Article 39, for annual leave accrual rates.	Not Eligible.

NOTE: Credit, use and payment is permitted after completion of 80 hours in pay status.

Benefit	Permanent / Limited-Term	Temporary (Non-Career)
Sick Leave	Credit 4 hours of sick leave for each 80 hours in pay status or a pro-rated amount if in pay status less than 80 hours.	Not Eligible.

- NOTE:**
1. Credit and use permitted next pay period.
 2. Payment for unused credits at 50% of regular rate, upon retirement or death only (except for employees hired on or after 10-1-80).
 3. Unused credits restored to a separated permanent employee who returns within three years by permanent appointment, except if separated by retirement. Sick leave balances are placed to the credit of a laid off employee upon recall to permanent employment in the State classified service.
 4. An employee who returns by a temporary (non-career) appointment may not use credits previously earned.

Benefit	Permanent / Limited-Term	Temporary (Non-Career)
Step Increase	Upon completion of required 1040 or 2080 hours of satisfactory service.	Not Eligible.

Permanent / Limited Term				
Benefit	Full-Time	Part-Time percent %	Hourly / Permanent-Intermittent	Seasonal
Paid Holidays Note: Temporary (Non-career) are not eligible for paid holidays.	Full holiday pay.	Pay in proportion to percentage assigned to position, or full pay if scheduled to work all non-holiday hours in pay period (see Article 49)	Pay in proportion to average hours in pay status for previous six pay periods, if applicable, or full pay if scheduled to work all non-holiday hours in pay period. (see Article 49)	Full holiday pay during season.

Benefit		Full-Time, Part-Time, Hourly, Permanent-intermittent, and Seasonal			Temporary (Non-Career)
Status NOTE: Status not granted unless/until certified from employment list.		Status granted at end of biweekly work period in which 2080 hours of satisfactory service completed (except for classes for which a longer probationary period is prescribed by the Civil Service Rules or Regulations).			Not Eligible.
Longevity		Commencing at 10,400 hours of currently continuous service prior to October 1 st of any year. Paid annually in October.			Not Eligible.
Permanent / Limited Term					
State Sponsored Insurance	Full-Time	Part-Time	Hourly / Permanent-Intermittent	Seasonal	
Health	Eligible.	Eligible.	Eligible.	Eligible.	
Life	Eligible.	Eligible if working 40% or more of full time.	Eligible if working 40% or more of full time.	Eligible if working 40% or more of full time.	
Long Term Disability	Eligible.	Same as Life.	Same as Life.	Eligible if working full time.	
Dental	Eligible.	Same as Life.	Same as Life. *	Same as LTD. *	
Vision	Eligible.	Same as Life.	Same as Life.	Same as Dental.	

NOTE: Temporary (Non-Career) is not eligible for Health, Life, Long Term Disability, Dental or Vision Insurances.

- * Exceptions for Permanent-intermittent and Seasonal eligibility for dental benefits:
- A. No more than two consecutive pay periods without being on the payroll - dropped after third.
 - B. For seasonals, must have at least eight months of cumulative employment per year.

Permanent / Limited Term		
Benefit	Full-Time, Part-Time, Hourly, Permanent-intermittent, Seasonal	Temporary (Non-Career)
Accidental Duty Death	Eligible.	Eligible.
Deferred Compensation	Eligible to enroll in next quarterly open enrollment following date of appointment.	Not Eligible.

APPENDIX D
Authorization for Deduction of Representation Service Fee
MICHIGAN STATE EMPLOYEES ASSOCIATION/AFSCME LOCAL 5

Name-Last	First	Middle
Home Address (Street)	(City) (State)	(Zip)
Home Phone No.	Work Phone No.	

Department and Work Site (example; Corrections/Standish Maximum Facility)

Signature	Date
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Work County (example; Ingham) Job Title & Level (example; TMW E8)

MICHIGAN STATE EMPLOYEES ASSOCIATION/AFSCME LOCAL 5
Authorization for Payroll Deduction of Representation Service Fee

Employee ID Number

E B 0 1

Deduction Code

On this date, _____, I the undersigned, do hereby authorize the State of Michigan to deduct a sum equal to one (1) hour of my base hourly wage rate each two-week pay period from any accrued wages due me (until revoked by written notice in accordance with the applicable contract between MSEA/AFSCME Local 5 and the State of Michigan) and to remit same to the Michigan State Employees Association/ AFSCME Local 5 for payment as a representation service fee. Consent is additionally hereby given to increase or decrease the specific named deduction each two-week pay period to that of any amount determined by the Union in accordance with Article VII Section 7 of the Constitution (as amended) of the Michigan State Employees Association. Fees, contributions, or gifts to MSEA/AFSCME Local 5 are not deductible as charitable contributions, for federal income tax purposes. Fees paid to MSEA/AFSCME Local 5, however, may qualify as business expenses and may be deductible in limited circumstances, subject to various restrictions imposed by the Internal Revenue Service.

Signature of Employee

Name (please print or type)	Department (please print or type)
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Name-Last	First	Middle
Home Address (Street)	(City)	(State) (Zip)
Home Phone No.	Work Phone No.	
Department and Work Site (example; Corrections/Standish Maximum Facility)		
Signature	Date	
Work County (example; Ingham)	Job Title & Level (example; TMW E8)	

Authorization for Payroll Deduction

Employee ID Number

Deduction Code

Department (please print or type)

APPENDIX H
Procedure 0620.02
Issued August 15, 2000

SUBJECT: Submissions to the finance and claims committee.

APPLICATION: Executive Branch Departments and Sub-units.

PURPOSE: To outline procedures for submitting materials to the finance and claims committee of the State Administrative Board.

CONTACT AGENCY: Department of Management and Budget (DMB) – State Administrative Board.

TELEPHONE: 517/335-2559

FAX: 517/335-0046

SUMMARY: The Secretary of the State Administrative Board reviews all material presented for State Administrative Board approval and prepares the agenda for the meetings of the Finance and Claims Committee of the State Administrative Board.

APPLICABLE FORMS: CS-138, Contractual Services Request.
DMB-1104, Claim against the State of Michigan for Personal Losses Less than \$1,000.
SAB-810, Finance and Claims Agenda Format.

PROCEDURES:

Requesting agency:

- If the proposed action is a contract, grant or purchase order, any of the following requirements determines whether State Administrative Board approval is required prior to execution of the contract, grant, purchase order, or an amendment to the contract, grant or purchase order
 - o State contracts, grants, purchase order of \$250,000 or more which require such approval, regardless of their source of funding or duration, are :
 - Contracts, grants or purchase orders for all supplies, materials, and equipment; for all services, including consulting, research, and professional services; between State departments and private vendors,

between State departments and educational institutions, or between State departments and other governmental units;

- Contracts, grants or purchase orders whose dollar values not fixed but which are estimated to be \$250,000 or more;
 - Contracts, grants or purchase orders for commodities or services available from only one source.
 - Contract, grant or purchase order amendments of \$125,000 or more also require approval of the State Administrative Board.
 - Subsequent amendments to contracts, grants, and purchase orders having received approval of a \$125,000 amendment or more will require additional State Administrative Board approval regardless of the amount.
 - Emergency contracts of \$250,000 or more involving public health or safety do not need prior approval (See Procedure 0510.09). These contracts shall be reported to the State Administrative Board as soon as possible after execution, in writing.
- If the proposed action is a contract, grant, or purchase order, the following material shall be submitted to the Secretary of the State Administrative Board:
 - o 1 copy of an Agenda Format (SAB-810)

- Example:

DEPARTMENT OF (type in name) .

Request approval of the following contracts:

(1) ABC Corporation	\$350,000
Grand Rapids, Michigan	Testing Services
(2) Acme Distillery Company	\$225,000 AMENDMENT
Chicago, IL	\$745,000 NEW TOTAL

- If the request is for disposal of state controlled property, see Procedures 0110.01, 0340.05 and 0220.01.
- If the request is for write-offs of state receivables, see Procedure 1210.28.
- Contracts with appeal periods expiring after the Finance and Claims Committee meeting date, but prior to the State Administrative Board meeting

date are permitted. Contracts with appeal periods expiring the same date as the State Administrative Board meeting date or later are not acceptable for State Administrative Board consideration. Any exceptions to this policy require a letter of explanation from the requesting department director.

- If the request is for release of capital outlay funds, see Procedure 0110.04.

CLAIMS AGAINST THE STATE:

- If the request is for settlement of a small claim for property damage or personal injury against the state, its departments/agencies, officers, or colleges and universities in an amount under \$1,000, the State Administrative Board is authorized to decide these claims. See M.C.L. 600.64.
- The claimant must prepare a notarized DMB-1104 Claims Against the State or a notarized Transportation Claim Against the State and submit the completed form and copies of pertinent information to the Secretary of the State Administrative Board.

CLAIMS BY STATE EMPLOYEES:

- The State Administrative Board has delegated authority to department directors to approve claims for State employees up to \$500.00 except for claims for eyeglasses, automobile repairs, jewelry over \$50.00, or cash over \$100. A monthly report shall be submitted to the State Administrative Board by the director, or the director's designee, when a claim is approved or denied under the delegated authority.
- State employee claims for damaged or lost personal effects worn or on the person, such as eyeglasses, jewelry, watches or clothing, in order to be approved, shall establish each of the following:
 - The loss or damage occurred while the claimant was engaged in the performance of his/her duties as a State employee.
 - The loss or damage occurred in the course and by virtue of the claimant's employment.
 - The claimant was without fault and could not have avoided the loss or damage by exercising reasonable care.
 - The personal effects lost or damaged were reasonable for the claimant to have on his/her person or to be wearing in the course of his/her employment at the time of the loss or damage.

- The claimant must not have been reimbursed for the loss or damage nor have a remedy for reimbursement from any other source, including his/her or another's insurance policy other than the State of Michigan vision insurance policy.
- The claim must be based on the present value of the property and not the replacement cost. The present value is calculated base on the following depreciation schedule:
 - 2 years for clothing, tapes, discs, records, shoes, paperback books and or small purchase items, in a graduated depreciation scale of 20% the first year, 40% the balance of the second year, with a residual value of 10% after the second year.
 - 5 years for electronic equipment, typewriters, tools, cameras, televisions, stereos, and other durable products, with a 20% straight line depreciation rate per year until a residual balance of 10% remains.
- Claims of State employees for damages to their personal motor vehicle must contain a satisfactory showing of each of the following:
 - The claimant's vehicle was damaged while properly parked in an area on State property designated for parking, or while being properly and reasonably operated in an area on State property designated for parking or the operation of motor vehicles and under the jurisdiction of the State of Michigan.
 - The claimant's vehicle was damaged by reason of negligence or an action attributable to the State of Michigan or a defect or condition on, in or hear the location of the damage.
 - The claimant was without fault and could not have avoided the damage by exercising reasonable care.
 - The claimant must not have been reimbursed for the loss or damage, not have a remedy for reimbursement from any other source, including his/her or another's insurance policy other than the State of Michigan vision insurance policy.
 - An accident report must have been prepared and be attached to the claim.
 - The vehicle damage claim shall be limited to the lesser of two estimates by a vehicle repair shop.

- Claims of State employees for the theft or loss of personal property, from their workstation or other location in the building they work, or from a State vehicle or their private vehicle while being used in the course of their employment, must contain a satisfactory showing of each of the following:
 - o The personal property was necessary for or improved the claimant's performance of his/her duties as a State employee and not merely for ornamentation, decoration or personal pleasure or use.
 - o The claimant was without fault and did not leave the stolen or lost property unattended during work hours the building was open to the public, or leave the lost or stolen property in an unsecured place after working hours.
 - If money was stolen, that it had been taken by force or threat of force at the claimant's workstation. If the amount was over \$100.00, the reason for possession of the excess over \$100.00.
 - If clothing, it was in a place designated by the claimant's employing agency for employees to hang or place clothing.
 - o The claimant was not reimbursed for the lost or stolen property nor have a remedy for reimbursement from another source including his/her or some other person's insurance policy.
 - o A police investigation was conducted and a copy of the police report is attached.
 - o The claimant's loss was by reason of negligence or an action attributed to the State of Michigan.
 - o The claim must be based on the present value of the property and not the replacement cost. The present value is calculated based on the following depreciation schedule:
 - 2 years for clothing, tapes, discs, records, shoes, paperback books and or small purchase items, in a graduated depreciation scale of 20% the first year, 40% the balance of the second year, with a residual value of 10% after the second year.
 - 5 years for electronic equipment, typewriters, tools, cameras, televisions, stereos, and other durable products, with a 20% straight line depreciation rate per year until a residual balance of 10% remains.

CLAIMS AGAINST THE STATE BY THE GENERAL PUBLIC

- All claims submitted to the Board must be either the DMB-1104 or the Transportation Claims Against the State form.
- The claim form must be notarized.
- A description of the loss or damage must be stated on the form.
- The loss or damage was caused by the negligence of the State or a State employee. The claimant was without fault and could not have avoided the loss or damage by exercising reasonable care.
- Documentation for ownership, original cost of the item, repair of the item, or itemized bills, and police reports when applicable, must accompany the form.
- If there is any remedy for reimbursement from any other source, including his/her or another's insurance policy, the amount of the remedy must be included. If the remedy is from an insurance company, proof of the deductible amount should be included with the submission.
- The claim must be based on the present value of the property and not the replacement cost. The present value is calculated based on the following depreciation schedule:
 - 2 years for clothing, tapes, discs, records, shoes, paperback books and or small purchase items, in a graduated depreciation scale of 20% the first year, 40% the balance of the second year, with a residual value of 10% after the second year.
 - 5 years for electronic equipment, typewriters, tools, cameras, televisions, stereos, and other durable products, with a 20% straight line depreciation rate per year until a residual balance of 10% remains.
 - If the property is disposable, such as food, cosmetics, or personal hygiene items, no reimbursement will be considered unless there is a receipt showing the items were new. For reimbursement of claims related to disposable property, Department of Correction inmates must follow the Department of Corrections' policies and procedures related to non-refundable items.
 - An exception to the depreciation schedule is granted to inpatients of State psychiatric hospitals and centers for developmental disabilities that, due to their unusual dependency upon the State, are not subject to the depreciation schedule.

PROCESSING CLAIMS

- Claims are to be sent to the Secretary of the State Administrative Board or to the accounting division of the offending department. Department of Corrections inmates will expedite the processing of their claims if they file their claims through Department grievance procedures and the Office of Prisoner Affairs.
- The Board Secretary shall assign a number and record the claim in the claims log file. Then the claim will be forwarded to the offending department.
- The department shall transmit a copy of all claims to the department personnel assigned to investigate claims or to supervisory personnel with personal knowledge of the incident leading to the claim for an investigative report.
- The investigating report shall be forwarded to the department personnel assigned the claims function. A report should then be prepared for the department's principal executive office or the designee to make a recommendation to the Board to approve or deny a claim.
- The recommendation to the Board shall be submitted to the Secretary of the State Administrative Board with appropriate copies.
- The Secretary of the State Administrative Board will place the claim information and departmental recommendation on the Finance and Claims Committee agenda of the State Administrative Board, and forward the Finance and Claims recommendation to the State Administrative Board.
- The Secretary of the Board will notify the Department of the claimant of the State Administrative Board's decision by letter.
- The Secretary of the State Administrative Board shall notify the Finance and Claims Committee of any claims over 90 days old.

Secretary to the State Administrative Board:

- Reviews contracts, grants and other materials and prepares summary information for the Director and Deputy Directors of DMB.
- Handles necessary correspondence or other communication relative to items presented.
- Prepares agendas and reports for the Finance and Claims Committee.

- Forwards committee recommendations to the State Administrative Board for action.
- Notifies all parties of the State Administrative Board decisions.

This procedure supersedes all other previously distributed procedures of 0620.02.

APPENDIX J

Longevity Compensation Plan Schedule of Payments

YEARS OF SERVICE	EQUIVALENT HOURS OF SERVICE *	ANNUAL PAYMENTS
5	10,440	\$260
6	12,480	
7	14,560	
8	16,640	
9	18,720	
10	20,800	
11	22,880	\$300
12	24,960	
13	27,040	
14	29,120	
15	31,200	\$370
16	33,280	
17	35,360	
18	37,440	
19	39,520	\$480
20	41,600	
21	43,680	
22	45,760	
23	47,840	\$610
24	49,920	
25	52,000	
26	54,080	
27	56,160	\$790
28	58,240	
29 & Over	60,320 & Over	\$1040

* Eligibility for payment at any bracket will occur upon completion of the equivalent hours of service indicated for the bracket by October 1. The impact of the longevity payment on the regular hourly rate for purposes of overtime compensation shall be computed and paid as part of the longevity payment.

APPENDIX K
Supervisor's Report of Reasonable Suspicion

EMPLOYEE: _____ DATE: _____

LOCATION: _____ TIME: _____

OBSERVATIONS

BREATH (Odor of Alcohol Beverage): ☐ Strong ☐ Faint ☐ Moderate ☐ None

EYES: ☐ Bloodshot ☐ Glassy ☐ Normal ☐ Watery ☐ Clear

☐ Heavy Eyelids ☐ Fixed Pupils ☐ Dilated Pupils ☐ Normal

SPEECH: ☐ Confused ☐ Stuttered ☐ Thick Tongued ☐ Accent ☐ Fair

☐ Cotton Mouthed ☐ Slurred ☐ Good ☐ Not Understandable

☐ Mush Mouthed ☐ Mumbled ☐ Other

ATTITUDE: ☐ Excited ☐ Combative ☐ Hilarious ☐ Indifferent ☐ Sleepy

☐ Talkative ☐ Insulting ☐ Care-free ☐ Cocky ☐ Polite

☐ Profane ☐ Cooperative ☐ Other

UNUSUAL ☐ Hiccoughing ☐ Belching ☐ Vomiting ☐ Fighting

ACTION: ☐ Laughing ☐ Crying ☐ Other

BALANCE: ☐ Falling ☐ Needs Support ☐ Wobbling ☐ Swaying ☐ Other

WALKING: ☐ Falling ☐ Staggering ☐ Stumbling ☐ Swaying ☐ Other

TURNING: ☐ Falling ☐ Staggering ☐ Stumbling ☐ Swaying ☐ Other

☐ Hesitant

Indicate any other unusual actions, statements or observations: _____

Signs or complaints of illness or injury: _____

Safety-Sensitive Function: ☐ Yes ☐ No Describe: _____

SUPERVISOR'S OPINION

Apparent effects of alcohol / drug use:

☐ None ☐ Slight ☐ Obvious ☐ Extreme

Additional Comments: _____

SUPERVISOR: _____ WITNESSES: _____

SIGNATURE: _____

DATE: _____

TIME: _____

APPENDIX L
Article 31

PHYSICIAN STATEMENT

DATE: _____

My patient, _____, is currently taking prescription medication which contains a controlled substance as defined by Schedules I through V in 21 U.S.C. 802 as revised.

After review of the effects of this (these) medication(s) at the dosage and intervals prescribed and being informed by the patient of his/her work responsibilities related to the performance of any safety related functions, it is my professional opinion that the prescribed medication

DOES _____ **DOES NOT** _____ (check appropriate response)

adversely affect my patient's ability to safely operate a commercial motor vehicle or perform other safety sensitive functions.

Signed by Prescribing Physician _____

Physician's Name Printed or Typed _____

PHYSICIAN'S NOTE REGARDING P.R.N. OR OFF-DUTY MEDICATIONS:

**APPENDIX M
STATE HEALTH PLAN
COMMUNITY BLUE PPO BENEFIT CHART**

Appendix M remains in effect for eligible employees hired prior to April 1, 2010 and covered by the State Health Plan PPO.

	State Health Plan (PPO)	
	In-Network	Out-of-Network
Preventive Services - Limited to \$1,500 per calendar year per person		
Health Maintenance Exam - includes chest X-ray, EKG and select lab procedures	Covered-100%, one per calendar year	Not covered
Annual Gynecological Exam	Covered-100%, one per calendar year	Not covered
Pap Smear Screening-laboratory services only	Covered-100%, one per calendar year	Not covered
Well-Baby and Child Care	Covered-100% -6 visits per year through age 1 -2 visits per year (age 2 through 3) -1 visit per year (age 4 through 15)	Not covered
Immunizations (no age limit). Annual flu shot; Hepatitis C screening covered for those at risk	Covered 100% not applied toward per person calendar maximum.	Not covered
Fecal Occult Blood Screening	Covered-100%, one per calendar year	Not covered
Flexible Sigmoidoscopy Exam	Covered 100%	Not covered
Colonoscopy Exam	Covered 100% one each 10 years after age 50. No deductible. Not applied to Preventative Max.	Covered 90% one each 10 years after age 50. After deductible. Not applied to Preventative Max.
Prostate Specific Antigen (PSA) Screening	Covered-100%, one per calendar year	Not covered
Childhood immunizations (effective January 1, 2006)	Covered 100% for children through age 16.	Covered 90% after the deductible
Mammography		
Mammography Screening	Covered 100%	Covered-90% after deductible
	One per calendar year, no age restrictions	

	In-Network	Out-of-Network
Physician Office Services		
Office Visits	Covered - \$15 co-pay	Covered – 90% after deductible must be medically necessary
Outpatient and Home Visits	Covered – 100% after deductible	Covered – 90% after deductible, must be medically necessary
Office Consultations	Covered - \$15 co-pay	Covered – 90% after deductible must be medically necessary
Emergency Medical Care		
Hospital Emergency Room- approved diagnosis prudent person rule	Covered 100% after a \$50 co-pay if not admitted, for emergency medical illness or accidental injury	Covered 100% after a \$50 co-pay if not admitted, for emergency medical illness or accidental injury
Ambulance Services - medically necessary for illness and injury	Covered 100% after deductible	Covered 100% after deductible
Diagnostic Services		
Laboratory and Pathology Tests	Covered – 100% after deductible	Covered – 90% after deductible
Diagnostic Tests and X-rays	Covered – 100% after deductible	Covered – 90% after deductible
Radiation Therapy	Covered – 100% after deductible	Covered – 90% after deductible
Maternity Services Provided by a Physician		
Pre-Natal and Post-Natal Care	Covered - 100% after deductible	Covered – 90% after deductible
	Includes care provided by a Certified Nurse Midwife	
Delivery and Nursery Care	Covered - 100% after deductible	Covered – 90% after deductible
	Includes delivery provided by a Certified Nurse Midwife	
Hospital Care		
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies, and Inpatient Consultations	Covered – 100% after deductible Unlimited Days	Covered – 90% after deductible Unlimited Days
Chemotherapy	Covered – 100% after deductible	Covered – 90% after deductible

	In-Network	Out-of-Network
Alternatives to Hospital Care		
Skilled Nursing Care	Covered – 100% after deductible	Covered – 90% after deductible
	120 days per confinement	
Hospice Care	Covered – 100%	Covered – 100%
	Limited to the lifetime dollar max. which is adjusted annually by the State	
Home Health Care	Covered – 100% after deductible	Covered – 100% after deductible
	Unlimited visits	
Surgical Services		
Surgery - includes related surgical services	Covered – 100% after deductible	Covered – 90% after deductible
Voluntary Sterilization	Covered – 100% after deductible	Covered – 90% after deductible
Human Organ Transplants		
Specified Organ Transplants - in designated facilities only - when coordinated through the TPA	Covered – 100% after deductible in designated facilities only	Covered – 100% after deductible in designated facilities only
	Up to \$1 million maximum per transplant type	
Bone Marrow - when coordinated through the TPA - specific criteria applies	Covered – 100% after deductible	Covered – 90% after deductible
Kidney, Cornea and Skin	Covered – 100% after deductible	Covered – 90% after deductible
Mental Health Care and Substance Abuse - Covered under non-BCBSM contract		
Inpatient Mental Health	100% up to 365 days per year. Partial Day Hospitalization at 2:1 ratio	50%, up to 365 days per year
Outpatient Mental Health Care	90% of network rates	50% of network rates
Inpatient Alcohol & Chemical Abuse Care	100% up to two 28-day admissions per calendar year, with 60 day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 100%	50% up to two 28-day admissions per calendar year, with 60 day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 50%

	In-Network	Out-of-Network
Outpatient Alcohol & Chemical Abuse	90% of network rates; Limit \$3,500/year chemical dependency only	50% of network rates Limit \$3,500/year chemical dependency only
Other Services		
Allergy Testing and Therapy	Covered – 100% after deductible	Covered – 90% after deductible
Rabies treatment after initial emergency room treatment	Covered – 100% after deductible	Covered – 90% after deductible
Chiropractic Spinal Manipulation	Covered –\$15 co-pay	Covered – 90% after deductible
	Up to 36 visits per calendar year	
Outpatient Physical, Speech and Occupational Therapy		
- Facility and Clinic	Covered – 100% after deductible	Covered – 100% after deductible
- Physician's Office - excludes speech and occupational therapy	Covered – 100% after deductible	Covered – 90% after deductible
	Up to a combined maximum of 90 visits per calendar year	
Durable Medical Equipment	Covered – 100%	Covered – 80% of approved charges no deductible
Prosthetic and Orthotic Appliances	Covered – 100% Effective April 1, 2005	Covered – 80% after deductible
Private Duty Nursing	Covered – 90% after deductible	Covered – 90% after deductible
Prescription Drugs	Covered under non-BCBSM contract	Covered under non-BCBSM contract
Hearing Care Program	\$15 office visits; more frequent than 24 months if standards met.	
Acupuncture Therapy Benefit – Under the supervision of a MD/DO	Covered – 90% after deductible (up to 20 visits annually)	Covered – 90% after deductible (up to 20 visits annually)
Weight Loss Benefit	Upon meeting conditions, eligible for a lifetime maximum reimbursement of \$300 for non-medical, weight reduction.	
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth.)	

	In-Network	Out-of-Network
Deductible, Co-pays and Dollar Maximums		
Deductible	\$300 per member; \$600 per family	\$600 per member; \$1,200 per family
Co-pays		
- Fixed Dollar Co-pays - Do not apply toward deductible	\$15 for office visits/consultations, chiropractic	
- Percent Co-pays - MH/SA co-pays do not apply toward deductible - Services without a network are covered at the in-network level	10% for MH/SA outpatient and private duty nursing	10% for most services; MH/SA at 50%
Annual Dollar Maximums		
- Fixed Dollar Co-pays - Do not apply toward out-of-pocket maximum	N/A	None
- Percent Co-pays - MH/SA and private duty nursing co-pays do not apply toward out-of-pocket maximum	\$1,000 per member; \$2,000 per family	\$2,000 per member; \$4,000 per family
Dollar Maximums	\$5 million lifetime per member for all covered services and as noted above for individual services	

RULES FOR NETWORK USE

A member is considered to have access to the network based on the type of services required, if there are:

- Primary Care -Two Primary Care Physicians (PCP) within 15 miles;
- Specialty Care -Two Specialty Care Physicians (SCP) within 20 miles; and
- Hospital - One hospital within 25 miles.

SHP PPO Member Costs Associated within In-Network or Out-of-Network Use (for eligible employees hired prior to April 1, 2010 and covered by the SHP PPO).

	In-Network	Out-of-Network
Deductible	\$300/individual \$600/family	\$600/individual \$1,200/family
Co-payments	Office Visits \$15 Services 0% or 10% Emergency 0%; \$50 co-pay if not admitted	Most services 10%

	In-Network	Out-of-Network
Preventive Services	Covered at 100% Limited to \$1,500 per calendar year per person.	Not covered
Out-of-Pocket Maximum	\$1,000/individual \$2,000/family	\$2,000/individual \$4,000/family

NSHP PPO Member Costs Associated within In-Network or Out-of-Network Use (for eligible employees hired on or after April 1, 2010 and covered by the NSHP PPO).

	In-Network	Out-of-Network
Deductible	\$400/individual \$800/family	\$800/individual \$1,600/family
Copayments	Office Visits \$20 Services 0% or 10% Emergency \$200 co-pay if not admitted	Most services 20%
Preventive Services	Covered at 100%	Not covered
Out-of-Pocket Maximum	\$1,500/individual \$3,000/family	\$3,000/individual \$6,000/family

1. If a member has access to the network, the member receives benefits at the in-network level when a network provider is used. The member is responsible for the in-network deductible (if any) and co-payment (if any). If a network provider refers the member to an out-of-network SCP the member continues to pay In-network expenses.
2. If a member has access to the network, the member receives benefits at the out-of-network level when a non-network provider is used. The member is responsible for the out-of-network deductible (if any), and co-payment (if any).
 - If the non-network provider is a Blues' participating provider, the provider will accept the Blues' payment as payment. The member is responsible for the out-of-network deductible and co-payment. The member will not, however, be balance billed.
 - If the non-network provider is not a Blues' participating provider, the provider does not accept Blues' payment as payment in full. The member is responsible for the out-of-network deductible and co-payment. The member may also be balance billed by the provider for all amounts in excess of the Blues' approved payment amount.

When a member has access to the network and chooses to use an out-of-network provider, amounts paid toward the out-of-network deductible, co-payment or out-of-pocket maximum *cannot* be used to satisfy the in-network deductible, co-payments or out-of-pocket maximum.

If a member does not have access to the network as provided above, the member will be treated as in-network for all benefits. The member will be responsible for the in-network deductible (if any) and co-payment (if any).

If a member does not have access to the network but then additional providers join the network so that the member would now be considered in-network, the member will be notified and given a reasonable amount of time in which to seek care from an in-network provider. Care received from a non-network provider after that grace period will be considered out-of-network and the out-of-network deductibles, co-payments and out-of-pocket maximums will apply. If a member is undergoing a course of treatment at the time he becomes in-network, the in-network rules will continue for that course of treatment only pursuant to the PPO Standard Transition Policy. Once the course of treatment has been finished, the member must use an in-network provider or be governed by the out-of-network rules.

APPENDIX M-1

Appendix M-1 remains in effect for eligible employees hired on or after April 1, 2010 and covered by the New State Health Plan PPO or New HMO Plan.

Preventive Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Health maintenance exam	Covered 100% 1 per year	Not Covered	Covered 100% after \$20 office visit co-payment
Annual gynecological exam	Covered 100% 1 per calendar year	Not Covered	Covered 100% after \$20 office visit co-payment
Pap smear screening – laboratory services only ¹	Covered 100% 1 per year	Not Covered	Covered 100% after \$20 office visit co-payment
Well-baby and child care	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Immunizations, annual flu shot & Hepatitis C screening for those at risk	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Childhood Immunizations	Covered 100% through age 16	Covered 80%	Covered 100%
Fecal occult blood screening ¹	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Flexible sigmoidoscopy ¹	Covered 100%	Not Covered	Covered 100% after \$20 office visit co-payment
Prostate specific antigen screening ¹	Covered 100% one per year	Not Covered	Covered 100% after \$20 office visit co-payment
Mammography, annual standard film mammography screening (covers digital mammography up to the standard film rate) ¹	Covered 100%	Covered 80% after deductible	Check with HMO
Colonoscopy ¹	Covered 100%	Covered 80% after deductible	Covered 100% after \$20 office visit co-payment

¹ American Cancer Society guidelines apply

Physician Office Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Office visits, consultations and urgent care visits	Covered, \$20 co-pay, deductible not applicable	Covered 80% after deductible	\$20 co-pay
Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	\$20 co-pay

Emergency Medical Care

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Hospital emergency room for medical emergency or accidental injury	\$200 co-pay if not admitted		\$200 co-pay if not admitted
Ambulance services – medically necessary	Covered 90% after deductible		Covered 100%

Diagnostic Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Laboratory and pathology tests	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Diagnostic tests and x-rays	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Radiation therapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100%

Maternity Services

Includes care by a certified nurse midwife (New State Health Plan PPO only)

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Prenatal and postnatal care	Covered 90% after deductible	Covered 80% after deductible	Office Visit \$20 co-pay
Delivery and nursery care	Covered 90% after deductible	Covered 80% after deductible	Covered 100%

Hospital Care

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies	Covered 90% after deductible, unlimited days	Covered 80% after deductible, unlimited days	Covered 100% Unlimited days
Inpatient consultations	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Chemotherapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100%

Alternatives to Hospital Care

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Skilled nursing care up to 120 days per confinement	Covered 90% after deductible		Covered 100%
Hospice care	Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the State		Covered 100%
Home health care	Covered 90% after deductible, unlimited visits		Check with your HMO

Surgical Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Surgery—includes related surgical services.	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Voluntary sterilization	Covered 90% after deductible	Covered 80% after deductible	Check with your HMO

Human Organ Transplants

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 100% In designated facilities only. Up to \$1 million lifetime maximum for each organ transplant		Covered 100% in designated facilities

Organ and Tissue Transplants

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Bone marrow—specific criteria apply	Covered 100% after deductible in designated facilities		Covered 100% in designated facilities
Kidney, cornea, and skin	Covered 90% after deductible in designated facilities	Covered 80% after deductible	Covered 100% subject to medical criteria

Other Services

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Allergy testing and injections	Covered 90% after deductible	Covered 80% after deductible	Office visits: \$20 co-pay Injections: Covered 100%
Acupuncture	Covered 80% after deductible if performed by or under the supervision of a M.D. or D.O.		Check with your HMO
Rabies treatment after initial emergency room visit	Covered 90% after deductible	Covered 80% after deductible	Office visits: \$20 co-pay Injections: Covered 100%
Chiropractic/spinal manipulation	\$20 co-pay Up to 24 visits per calendar year	Covered 80% after deductible Up to 24 visits per calendar year	Check with your HMO

Other Services continued...

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Durable medical equipment -Support Program	Covered 100%	Covered 80% of approved amount	Covered
Prosthetic and orthotic appliances -Support Program	Covered 100%	Covered 80% of approved amount	Covered
Private duty nursing	Covered 80% after deductible		Covered
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth.)		Check with your HMO
Hearing Care Exam	\$20 co-pay for office visit	Covered 80% after deductible	Check with your HMO

Mental Health/Substance Abuse

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Mental Health Benefits - Inpatient	Covered 100% up to 365 days per year ²	Covered 50% up to 365 days per year	Check with your HMO
Mental Health Benefits - Outpatient	As necessary 90% of network rates 10% co-pay	As necessary 50% of network rates	Check with your HMO
Alcohol & Chemical Dependency Benefits - Inpatient	Covered 100% ³ Halfway House 100%	Covered 50% ⁴ Halfway House 50%	Check with your HMO
Alcohol & Chemical Dependency Benefits - Outpatient	\$3,500 per calendar year 90% of network rates 10% co-pay ⁴	\$3,500 per calendar year 50% of network rates	Check with your HMO

² Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

³ Up to two 28-day admissions per year. There must be at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

⁴ \$3,500 per calendar year limitation pertains to services for chemical dependency only.

Prescription Drugs

Prescription medications for the New State Health Plan PPO are covered under the Participating Pharmacy ID Card Plan administered by BCBSM.

Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.

To check the co-pay for drugs you may be taking, visit BCBSM website at <http://www.bcbsm.com/som> or contact BCBSM at (800) 843-4876. The Preferred/Non-preferred list of drugs is updated periodically as new drugs are added.

The chart below shows the NSHP and NHMO prescription drug member co-pays:

Generic	Brand Name Preferred	Brand Name Non-Preferred
Retail \$10	Retail \$30	Retail \$60
Mail Order \$20	Mail Order \$60	Mail Order \$120

Outpatient Physical, Speech, and Occupational Therapy

Combined maximum of 90 visits per calendar year.

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Outpatient physical, speech and occupational therapy – facility and clinic services	Covered 90% after deductible	Covered 90% after deductible	Office visit: \$20 co-pay
Outpatient physical therapy – physician’s office	Covered 90% after deductible	Covered 80% after deductible	Office visit: \$20 co-pay

Deductible, Co-Pays, and Out-of-Pocket Dollar Maximums

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits
	In-network	Out-of-network	
Deductible	\$400 per member \$800 per family	\$800 per member \$1,600 per family	None
Fixed dollar co-pays	\$20 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations and medical hearing exams. \$200 for emergency room visits, if not admitted	Not applicable	\$20 for office visits \$200 for emergency room visits, if not admitted

Co-insurance	10% for most services and 20% for private duty nursing and acupuncture	20% for most services. MHSA at 50%	None
Annual out-of-pocket dollar maximums ⁵	\$1,500 per member \$3,000 per family	\$3,000 per member \$6,000 per family	None

⁵ The out-of-pocket limit does not apply to deductibles, fixed dollar co-payments, or private duty nursing co-payments.

Premium Sharing

	New State Health Plan PPO “NSHP – PPO” Benefits		New HMO Plan “NHMO” Benefits	
	Employee	State	Employee	State
Premium	20%	80%	15% ⁶	85% ⁶

⁶ The State will pay up to 85% of the applicable NHMO total premium, capped at the dollar amount which the State pays for the same coverage code under the NSHP-PPO.